**APPLICATION**

**FOR PROFESSIONAL flight crew LICENCE**

in accordance with the requirements of Regulation No. 1178/2011and Cabinet Regulation No. 754 (2021)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Part-FCL licence**: | **National licence**: | *(indicate by* 🗷*)* |
| [ ]  Aeroplane | [ ]  CPL | [ ]  FEL | [ ]  Initial issue  |
| [ ]  Helicopter | [ ]  MPL | [ ]  NATIONAL ATTACHMENT | [ ]  reissue  |
|  | [ ]  ATPL |  |  |

**TO BE FILLED BY APPLICANT**

|  |
| --- |
| 1. **General information**
 |
| Last name: |  | First name: |  |
| Date of birth: |  | Place of birth (country): |  |
| Personal ID code: |  | Nationality: |  |
| Passport / ID card No: |  | Passport / ID State of issue: |  |
| Address / postcode: |  |
| Phone: |   | E-mail: |   |

|  |
| --- |
| 1. **CURRENT LICENCE (**list all current or previous pilot licences)
 |
| Licence: | [ ]  National licence [ ]  Part-FCL [ ]  Other  | State of issue: |  |
| Licence type: | [ ]  PPL(A/H) [ ]  CPL(A/H) [ ]  MPL(A) [ ]  ATPL(A/H) [ ]  FEL(A/H) [ ]  other |
| Licence`s No.: |  | Initial date of issue: |  |
| Date of issue: |  | Expiry date: |  |
| Licence`s No.: |  | Initial date of issue: |  |
| Date of issue: |  | Expiry date: |  |

|  |
| --- |
| 1. **Medical certificate**
 |
| Class of Part-MED Certificate |  | Date of issue: |  | Expiry date: |  |
| commission regulation (eu) no 1178/2011 requires the an individual has all of their licences administrated by the competent authority of the member state that holds their medical records (med.a.030; fcl.015)**IF MEDICAL RECORDS ARE NOT HELD BY THE CAA OF LATVIA THE APPLICATION WILL BE REJECTED!** |

|  |
| --- |
|  **4. OTHER CONDITIONS AND INFORMATION FOR LICENCE RECEIVING** |
|  |

|  |
| --- |
| **DECLARATION OF THE APPLICANT** (AMC1 ARA.GEN.315(a)): |
| **I certify**:1. I am not holding a flight crew licence, certificate, rating, authorization or approval under FCL, BFCL or SFCL requirements issued by another EASA Member State (if any – please specify details in section 2 or 4);
2. I have not applied to another EASA Member State for a flight crew licence, certificate, rating, authorization or approval under FCL, BFCL or SFCL requirements (if you are – please specify details in section 2 or 4);
3. I have never held any flight crew licence, certificate, rating, authorization or approval issued by another EASA Member State which was revoked or suspended in that State (if do – please specify details in section 2 or 4);

**I acknowledge** that any incorrect information provided can disqualify me from being granted a flight crew licence, certificate or rating or, if already issued – limit, suspend or revoke it according to Regulation (EU) 1178/2011 ARA.FCL.250 and the article 95 of law “On Aviation”. I am aware of my responsibility in accordance with third part of article 3 of the Law on Administrative Penalties for Offences in the Field of Administration, Public Order, and Use of the Official Language.**I am informed** that CAA of Latvia collect, record and keep data regarding my flight crew licence, certificate, rating, approval and the exercise of my privileges, data of flight and flight experience, transfer and request them to the other States’ Competent Authorities or the Agency for the oversight of my activities based on the provisions of Regulation (EU) 2018/1139 article 62., 72. and 83. para 2. (a) and (b) as well as Regulation (EU) 1178/2011 ARA.GEN.120, ARA.GEN.135, ARA.GEN.200, ARA.GEN.220, ARA.GEN.300, ARA.GEN.305, ARA.GEN.315 and ARA.GEN.355. The protection of personal data is ensured in accordance with the Regulation (EU) 2016/679. |
| Date: |  | Applicant’s signature: |  |

**FOR CAA OFFICIAL USE ONLY**

|  |
| --- |
| **5. REGISTRATION DETAILS** |
| Application registered: |  | Application No: |  |
| The CAA decision on eligibility: | [ ] comply / [ ]  not comply | Reason for refusal: |  |
| Passed theoretical examination: | [ ] CPL [ ] ATPL [ ] IR | Name of Competent Authority: |  | Data: |  |
| Passed: | [ ] ST [ ] PC | Aircraft class/type |  | Data: |  |
| Passed: | [ ] ST [ ] PC | Aircraft class/type |   | Data: |  |
| Passed: | [ ] ST [ ] PC | Aircraft class/type |  | Data: |  |
| Passed AoC for: | [ ] Instructor [ ] Examiner | Aircraft class/type |  | Data: |  |
| Issued licence category: | Part-FCL: | National license: |
| [ ]  CPL: [ ]  (A) / [ ]  (H) [ ]  MPL(A) [ ]  ATPL: [ ]  (A) / [ ]  (H)  | [ ]  CPL: [ ]  (A) / [ ]  (H) [ ]  ATPL: [ ]  (A) / [ ]  (H) [ ]  FEL: [ ]  (A) / [ ]  (H)  |
| Licence No:: |  | Date of issue: |  |
| Notes: |  |
| Qualification/ experience form with the information about applicant’s ratings attached [ ]  |

|  |
| --- |
| **9. PAYMENT DETAILS (acc. Cabinet Regulation No 891)** |
| For the licence (Cab.reg. point) |  | Fee (€) |   | Description:  |
| For the rating (Cab.reg. point) |  | Fee (€) |   | Description:  |
| For the rating (Cab.reg. point) |  | Fee (€) |   | Description:  |
| For the rating (Cab.reg. point) |  | Fee (€) |   | Description:  |
| For the rating (Cab.reg. point) |  | Fee (€) |   | Description:  |
| For the rating (Cab.reg. point) |  | Fee (€) |  | Description:  |
| TOTAL FEE (€) |    | Invoice No.  | Date  |
| Licence prepared by: |  | Date: |  |  Signature: |  |
| Licence signed by: |  | Date: |  | Signature: |  |